# IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO

UNITED STATES OF AMERICA,	CIVIL NO.
Plaintiff,	CIVIL NO.
v.	
	CLAIMS OF FRAUD TO DEPARTMENT
WILLIAM J. CRUZ and	OF HUMAN HEALTH SERVICES,
MEDSCAN, P.S.C.	MEDICARE PROGRAM, PURSUANT
	TO THE FALSE CLAIMS ACT,
Defendant.	31 U.S.C. §3729, ET SEQ.

#### **COMPLAINT**

COMES NOW the United States of America, by and through the undersigned attorneys, and very respectfully alleges and prays as follows:

#### I. INTRODUCTION

1. The United States, files this action under the False Claims Act, 31 U.S.C. §3729, et seq. ("FCA"), and common law to recover civil monetary penalties from the defendants' false claims to the United States Department of Health and Human Services, Medicare Program, made in violation of federal law.

#### II. JURISDICTION AND VENUE

- 2. Jurisdiction is proper pursuant to 28 U.S.C. §1345, and its general equitable jurisdiction.
  - 3. Venue is proper in this District under 28 U.S.C. §1391 and 31 U.S.C. §3732(a).
- 4. Pursuant to 31 U.S.C. § 3731(b)(1), a civil action under the FCA may be brought within six (6) years after the date on which the violations of §3729 were committed.

#### III. PARTIES

- 5. The Plaintiff is the United States of America, on behalf of the Department of Health and Human Services ("HHS).
- 6. Defendant, William J. Cruz ("Cruz"), is of legal age, single and resident of San Juan. Cruz is a diagnostic radiologist with offices located in Guaynabo, Puerto Rico and a participating provider in the Medicare Program for the period of May 2017 to May 2018.
- 7. Medscan is a for profit corporate entity engaged in the healthcare industry as a provider of diagnostic radiology services, mainly within the Commonwealth of Puerto Rico, and is a participating provider in the Medicare Program. Cruz was also the President and principal shareholder of Medscan for the period of May 2017 to May 2018.
- 8. X, Y and Z are natural or legal persons, acting on their own or organized as partnerships or corporate entities, be that as limited liability corporations, professional service corporations, or in any other form permitted by law, whom we designate with fictitious names, as there true names are not known at present time. X, Y and Z are jointly and severally responsible and may answer to the Plaintiff for aiding, abetting and/or causing fraudulent claims to be submitted to the United States Government for payment, or furthering the fraudulent conduct by concealing the scheme, proceeds or assets resulting of fraud.

#### IV. RELEVANT FACTS

#### THE MEDICARE PROGRAM

9. Except as otherwise specifically noted, the allegations set forth below describe the the Medicare program ("Medicare"), as managed by the United States Department of Health and Human Services ("HHS") through its executive component, the Center for Medicare and Medicaid Services ("CMS"), for the period of May 2017 to May 2018.

- 10. HHS administers Medicare, through CMS. Medicare is a federal health care benefit program set forth in title XVIII of the Social Security Act, 42 U.S.C. §§1395 et seq., that provides medical insurance for covered services to qualified individuals.
- 11. Medicare consists of four different parts. "Part A" of Medicare covers health services provided by hospitals, skilled nursing facilities, hospices and home health agencies. "Part B" of the Medicare Program is a medical insurance program that covers, among other things, certain physician services, outpatient services, and other services, including face to face office visits. "Part C" of Medicare, commonly referred to as Medicare Advantage (MA), provides beneficiaries with all of the services provided under Parts A and B (except hospice care), in addition to mandatory supplemental benefits and optional supplemental benefits. "Part D" is an optional benefit that offers prescription drug coverage to everyone with Medicare. Parts D is not at issue here.

#### MEDICARE BILLING PROCEDURE UNDER PART C

- 12. Under Part C, beneficiaries enroll in a managed care plan administered by private health insurance companies or Medicare Advantage Plans, which are contracted by CMS. Medical Card System ("MCS"), Triple-S Advantage ("SSS") and Medicare y Mucho Mas ("MMM"), (hereinafter will be collectively referred to as the "MA Plans"), are some of the entities contracted by CMS to provide managed care to beneficiaries under Part C.
- 13. The above named MA Plans are risk-bearing entities, licensed or otherwise authorized by the State to assume risks for offering health insurance or health benefits coverage, such that the entity is authorized to accept prepaid capitation for providing, arranging, or paying for comprehensive health services under a Medicare Advantage contract.

- 14. As MA Plans, these are responsible of receiving, adjudicating and paying claims of authorized providers seeking reimbursements for the cost of health care benefits, items, or services provided to Medicare Part C beneficiaries.
- 15. Physicians who perform medical services in connection with the Medicare program apply for and if approved, are assigned a "number". The number allow the physicians to submit bills, commonly referred to as "claims", for payment to Medicare, through MA Plans, in order to seek reimbursement for medical services that they had provided to Medicare Part C beneficiaries.
- 16. In order to receive payment from Medicare through the MA Plans, a physician is required to submit a health insurance claim form, known as Form HCFA-1500 ("HCFA 1500") wherein the physician certifies that the claims are true, correct, complete and that the form was prepared in compliance with the laws and regulations governing the Medicare program. Physicians further certify that the services billed were medically necessary and were in fact provided as billed.

# V. UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES' (HHS) FINDINGS

- 17. Plaintiff incorporates and re-alleges paragraphs 1 through 16 as if fully set forth herein.
- 18. The HHS-Office of the Inspector General (OIG) conducted an investigation of claims submitted by Cruz and Medscan to MA Plans, for services and claims processed and paid for the period of May 2017 to May 2018.
- 19. The investigation uncovered that Cruz and Medscan, knowingly made or caused to be made false statements in support of claims for Medicare program funds, through submissions of HCFA 1500 to MA Plans, for non-emergency room services rendered, while CMS had their billing privileges revoked.

4

- 20. During the period of May 2017 to May 2018, while the Center for Medicare & Medicaid Services (CMS) had revoked the billing privileges of Dr. Cruz and Medscan, they billed Medicare Advantage Organizations (MAOs) that operated Health Maintenance Organizations (HMOs), for non-emergency room services rendered.
- 21. Cruz and Medscan failed to notify the HMOs of CMS' decision to revoke their privileges effective May 13, 2017. These omissions encompassed a material nondisclosure, by which Cruz fraudulently induced and misled the MAOs, to remain in a contractual relationship, in order to gain access to Medicare Funds.
- 22. During this same period, Cruz also billed Parts A and B of the Program as rendering physician.

### VII. CLAIM FOR RELIEF False Claims Act 31 U.S.C. §3729(a)(1)

- 23. This is a claim for civil monetary penalties under the False Claims Act (FCA), 31 U.S.C. §3729(a)(1).
- 24. Paragraphs 1 through 16, and 18 through 22 of this Complaint are hereby re-alleged and incorporated as though fully set forth herein.
- 25. By virtue of the acts described above, defendant knowingly presented and caused to be presented to the United States, false and fraudulent claims for payment and approval to the Medicare Trust Fund, by way of the MA Plans.
- 26. As part of his scheme to defraud, Cruz and Medscan submitted and caused to be submitted over 8,000 unique claims to the Medicare program, a substantial amount of these with Cruz billing identifier. These claims constitute false representations and are contrary to the provisions of the Act, Regulations, and the Medicare Program Integrity Manual.

5

27. As a result of the false statements and claims submitted for federal moneys, HMOs paid from Medicare funds for services that were rendered while Cruz and Medscan had their billing privileges revoked.

28. Under the FCA, a "claim" includes requests for money presented to the United States or to a contractor, grantee or other recipient, if the money is to be used on the government's behalf or to advance a government interest, as long as the United States provided any portion of the money requested.

29. Each of these false statements constitute a unique claim of provider fraud on a managed care organization, for which a civil monetary penalty must be assigned, as allowed by law in an amount ranging from \$11,181.00 and \$22,363.00 each.

#### XII. PRAYER FOR RELIEF

WHEREFORE, the United States respectfully requests that judgment be entered in its favor and against the defendant for civil monetary penalties, as allowed by law, ranging from \$11,181.00 and \$22,363.00, for each unique claims to be fixed at the discretion of the Court; and such other and further relief as this Court may deem just and proper.

RESPECTFULLY SUBMITTED, in San Juan, Puerto Rico, this 25th day of June of 2020.

W. STEPHEN MULDROW United States Attorney

s/Rafael J. López-Rivera
Rafael J. López-Rivera
Assistant United States Attorney
USDC-PR No. 221213
UNITED STATES ATTORNEY'S OFFICE
Torre Chardón, Suite 1201
350 Carlos Chardón Street
San Juan, Puerto Rico 00918
Phone Number: (787)766-5656
Facsimile: (787)766-6219

rafael.j.lopez@usdoj.gov

Case 3:20-cv-01294 Document 1-1 Filed 06/25/20 Page 1 of 1

# UNITED STATES DISTRICT COURT DISTRICT OF PUERTO RICO

## **CATEGORY SHEET**

You must accompany your complaint with this Category Sheet, and the Civil Cover Sheet (JS-44).

Attorn	ney Name (Last, First, MI):	
USDC	C-PR Bar Number:	
Email	Address:	
1.	Title (caption) of the Case (provide only the names of the <u>first party</u> on <u>each</u> side):	
	Plaintiff:	
	Defendant:	
2.	Indicate the category to which this case belongs:	
	<ul> <li>□ Ordinary Civil Case</li> <li>□ Social Security</li> <li>□ Banking</li> <li>□ Injunction</li> </ul>	
3.	Indicate the title and number of related cases (if any).	
4.	Has a prior action between the same parties and based on the same claim ever been filed before this Court?  ☐ Yes ☐ No	
5.	Is this case required to be heard and determined by a district court of three judges pursuant to 28 U.S.C. § 2284?  Yes No	
6.	Does this case question the constitutionality of a state statute? (See, Fed.R.Civ. P. 24)  Yes No	
Date S	ubmitted:	

JS 44 (Rev. 02/19)

## **CIVIL COVER SHEET**

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS				DEFENDANTS					
UNITED STATES OF AMERICA				William J. Cruz					
(b) County of Residence of First Listed Plaintiff (EXCEPT IN U.S. PLAINTIFF CASES)				County of Residence of First Listed Defendant San Juan, PR  (IN U.S. PLAINTIFF CASES ONLY)  NOTE: IN LAND CONDEMNATION  THE CASES, USE THE LOCATION OF LAND INVOLVED.					
(c) Attorneys (Firm Name A AUSA Rafael J. Lopez-R US Attorney's Office, 350 San Juan, PR 00918 Ph.	Chardon Ave, Suite			Attorneys (If Known	n)				
II. BASIS OF JURISDI	CTION (Place an "X" in O	ne Box Only)		TIZENSHIP OF I	PRINCIPA	L PARTIES			
	3 Federal Question (U.S. Government A	Not a Party)			PTF DEF	Incorporated or Pri		or Defend a PTF □ 4	<i>mt)</i> DEF □ 4
☐ 2 U.S. Government ☐ 4 Diversity Defendant		ip of Parties in Item III)	Citizen of Another State			Incorporated and Proof Business In A		<b>5</b>	<b>5</b>
				en or Subject of a Creign Country	3 0 3	Foreign Nation		□ 6	□ 6
IV. NATURE OF SUIT	•	*/				here for: Nature o			
CONTRACT   110 Insurance   120 Marine   130 Miller Act   140 Negotiable Instrument   150 Recovery of Overpayment & Enforcement of Judgment   151 Medicare Act   152 Recovery of Defaulted Student Loans (Excludes Veterans)   153 Recovery of Overpayment of Veteran's Benefits   160 Stockholders' Suits   190 Other Contract   195 Contract Product Liability   196 Franchise   REAL PROPERTY   210 Land Condemnation   220 Foreclosure   230 Rent Lease & Ejectment   240 Torts to Land   245 Tort Product Liability   290 All Other Real Property	PERSONAL INJURY  310 Airplane 315 Airplane Product Liability 320 Assault, Libel & Slander 330 Federal Employers' Liability 340 Marine 345 Marine Product Liability 350 Motor Vehicle 355 Motor Vehicle 70 South Personal Injury 360 Personal Injury Medical Malpractice CIVIL RIGHTS 441 Voting 442 Employment 443 Housing/ Accontmodations 445 Amer. w/Disabilities - Employment 446 Amer. w/Disabilities - Other 448 Education	PERSONAL INJUR  PERSONAL INJUR  365 Personal Injury - Product Liability  Pharmaceutical Personal Injury Product Liability  367 Health Care/ Pharmaceutical Personal Injury Product Liability  PERSONAL PROPER  370 Other Fraud  371 Truth in Lending  380 Other Personal Property Damage Product Liability  PRISONER PETITION  Habeas Corpus:  463 Alien Detainee  510 Motions to Vacate Sentence  530 General  535 Death Penalty  Other:  540 Mandamus & Others Product Value Sentence  550 Civil Rights  555 Prison Condition  560 Civil Detainee - Conditions of Confinement	Y	DRIFETURE/PENALTY  5 Drug Related Seizure of Property 21 USC 881  0 Other  LABOR  1 Fair Labor Standards Act 1 Labor/Management Relations 2 Railway Labor Act 1 Family and Medical Leave Act 2 Other Labor Litigation 1 Employee Retirement Income Security Act  IMMIGRATION 2 Naturalization Application 5 Other Immigration Actions	422 Appe   423 Witho 28 U.   424 Witho 28 Without 2	SC 157  RTY RIGHTS rights t t - Abbreviated Drug Application mark SECURITY (1395ff) Lung (923) C/DIWW (405(g)) Title XVI 405(g))  LTAX SUITS (U.S. Plaintiff efendant)	□ 480 Consum □ 485 Telephot □ 490 Cable/Sa □ 850 Securitie Exchang □ 890 Other Sta □ 891 Agricult □ 893 Environ □ 895 Freedom Act □ 896 Arbitrati □ 899 Adminis	aims Act 1 (31 USC ) apportionn t and Banking ce cion er Influence Organizatio er Credit ne Consum on Act at TV ss/Commod ge attutory Act ural Acts nental Mat of Inform on trative Prop Decision tionality of	eed and ons her dities/
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VI. CAUSE OF ACTIO	Palse Claim Act 3 Brief description of ca	31 USC.§ 3729, e use:	t seq.	o not cite jurisdictional sta ————————————————————————————————————					
VII. REQUESTED IN COMPLAINT:	CHECK IF THIS UNDER RULE 2:	IS A CLASS ACTION		EMAND \$	C	HECK YES only i U <b>RY DEMAND:</b>	if demanded in ☐ Yes	complain 🗷 No	ıt:
VIII. RELATED CASE IF ANY	(See instructions):	JUDGE			DOCKE	T NUMBER			
DATE 06/25/2020		SIGNATURE OF AT	TORNEY O	FRECORD					
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